

Coaching For Success: Integration of the Recovery Model and MAT

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CENTERSTONE at a Glance

- National, private, not-for-profit 501(c)(3) healthcare organization
- 60 years in operation
- Specializing in behavioral healthcare
- Offering a comprehensive array of outpatient, inpatient, emergency, community-based and intensive in-home services

Unique Service Lines:

- Intellectual and Developmental Disabilities
- Crisis Services
- EAP
- Military and Veterans
- Integrated Primary Care



In FY 2014-2015

People Served

- 142,000+
- 49%-Male | 51%-Female
- All ages served

Services Provided

1,800,000+

Staff

- 3,031 clinical and administrative staff serving individuals and families



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ROSC Model of Care

Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency but a macro level organization of a community, a state, or a nation.

-William White



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Why ROSC?

Unmet Need for Services

- Need exceeds capacity
- Only 1 of 10 receives treatment who need it
- 80% in the criminal justice system suffer from a substance use disorder

Funding Challenges

- Both states and the federal government are cutting budgets.
- More likely to be poor and uninsured

Traditional Care does not match Client needs

- COMPLEX treatment needs
- Organizations are SILOED



ROSC = Whole Health

Health—Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way

Home—A stable and safe place to live that supports recovery

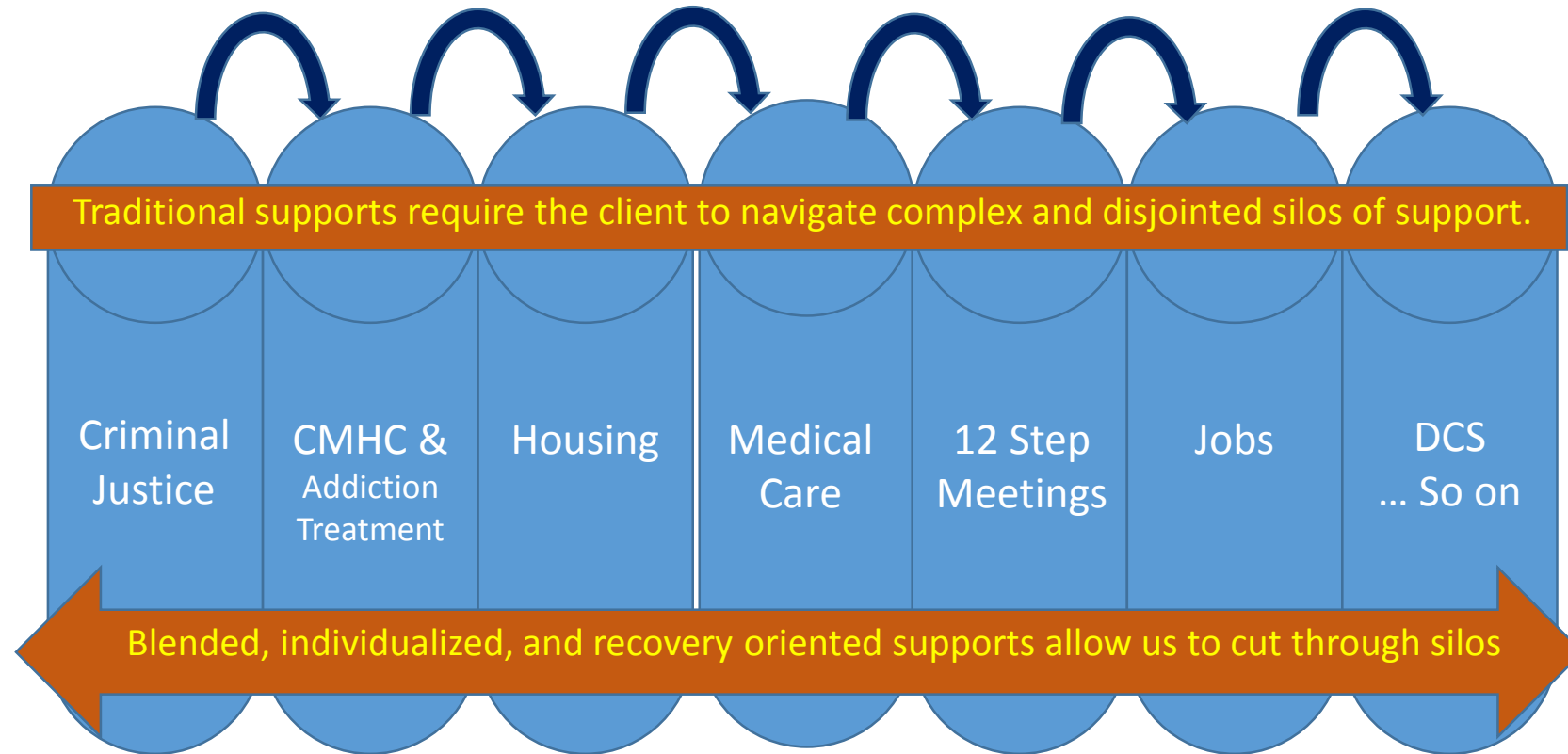
Purpose—Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society

Community—Relationships and social networks that provide support, friendship, love, and hope



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Funding Siloes = Resource Siloes



The Problem: Substance Use Disorders Are Chronic, Relapsing Disease

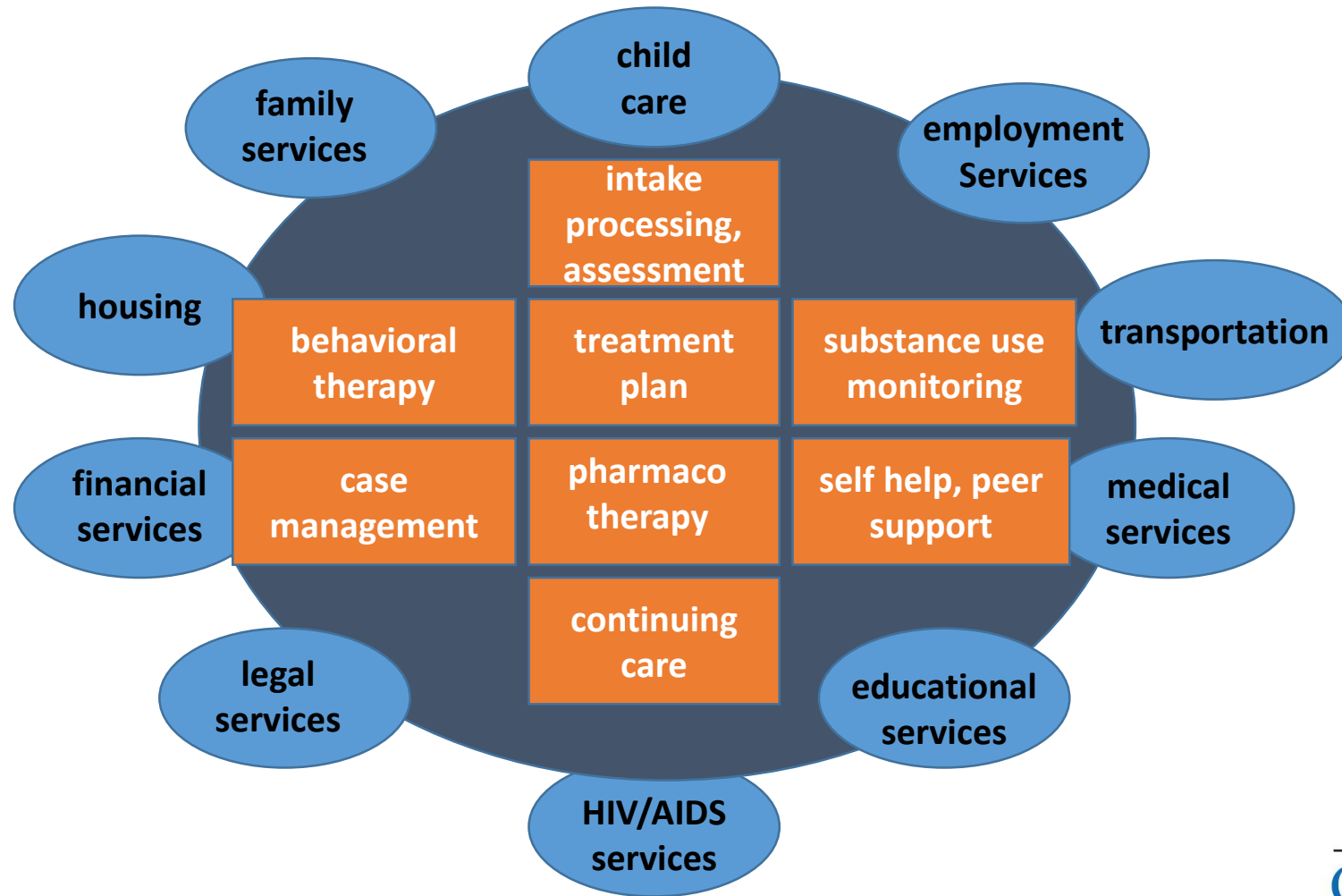


- Indiana- highest rate of children removed due to parental substance related incarceration
- the 2nd lowest rate of completing SUD treatment (24.7%).
- 17th worst rate of mortality from drug overdoses (10 fold increase in opiate overdose in past 15 years)
- Centerstone counties quite rural, high poverty, very poor health (Hep C, HIV, obesity, diabetes, etc.)
- This is not just an individual problem but a community/systemic problem



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Comprehensive Treatment Needs



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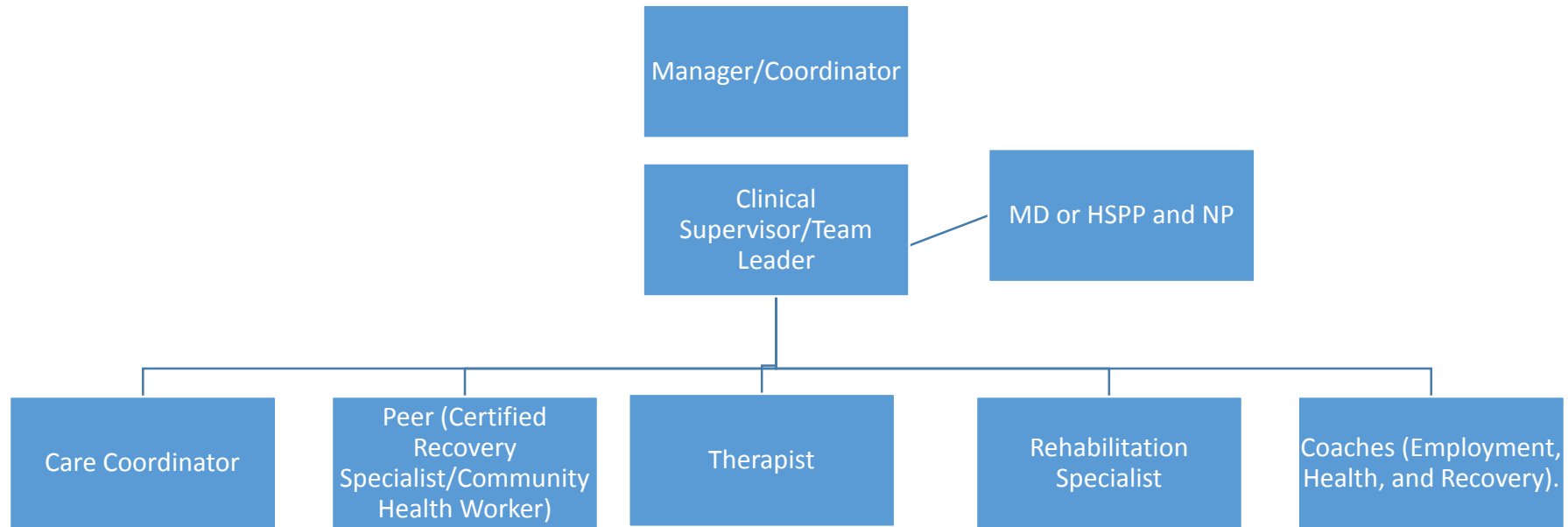
Care Philosophy

- Recovery (not disease) oriented
- Whole health, addressing all health determinants
- Team-based care, drawing on multiple viewpoints
- Working to make suicide a never event
- Engagement key to success
- No wrong door to treatment/harm reduction
- Consumer voice and ownership of their health outcome
- Recognizing the stages of change
- Trauma-informed
- Evidenced-informed but outcome & value driven



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One Team. One Plan.



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The Solution...ROSC

- **Responsive to Provider Needs:**

- Comprehensive supports for a complex patient population.
- Allows for resources to be targeted to where they are most needed
- Maximizes community volunteer and client

- **Responsive to Client Needs:**

- Traditional care treats everyone with substance dependence the same.
- Improves patient experience and value
- Provides for more inclusive patient care
- Promotes self efficacy and empowerment amongst clients; quickly becoming leaders
- ROSC care treats everyone as individuals. Services are focused on assisting clients in meeting their recovery capital needs.

- **Responsive to the Future of Behavioral Health Care:**

- Budgetary pressures in the criminal justice system, healthcare reform opportunities and major changes in funding, are leading to rapid change in behavioral healthcare.
- The ROSC model proactively manages these changes & positions organizations to be seen as a community leader in the best position to coordinate community-based recovery care.



HB 1006/ CJ reform

- Over the past year, the prison population has shrunk by 4 percent, or about 1,100 inmates, allowing the Department of Correction to close the Henryville Correctional Facility in Southern Indiana. Officials said this could save the state \$2.25 million in 2017.
- \$12 per inmate per day to serve a sentence or await trial on electronic monitoring, Layton said — significantly cheaper than housing them in jail, which he said costs the county \$50 per inmate per day.
- And with 60 percent of low-level inmates being sentenced to jail, rather than a diversion program or community corrections, the costs are cutting into any potential savings accrued by the state. So it's not yet clear whether local communities will receive money as a result of the prison closing to help fund their own treatment programs and special courts.



If Addiction is a Chronic Illness ...

Why do we . . .

- ✓ Expect that full recovery should be achieved from a single treatment episode?
- ✓ View prior treatment outcomes as indicative of poor prognosis?
- ✓ Exclude clients for becoming symptomatic?
- ✓ Treat in serial episodes of disconnected treatment?
- ✓ Relegate aftercare to an afterthought?
- ✓ Terminate the service relationship following a brief intervention?



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Approaches to Providing Comprehensive Care and Maximizing Client Retention

- Individualized treatment planning & delivery; phases of treatment
- Counseling / Cognitive Behavioral Therapy
- Recovery Coaching/Case management services coupled
With community and resource engagement (fidelity/outcomes)
- Psychiatric services/MAT (within the context of team-based care)
- Medical screening and coordination of care delivery
 - HIV/HCV education and risk reduction interventions
- Contingency Management
- Motivational Interviewing/Harm Reduction
- Relapse prevention



Shifting Treatment Philosophy

- Revising the philosophy of care
 - Formal intensive services to sustained recovery in the community
 - Organize ourselves, our services, and our community to help clients transition from intensive institutional, paid, formal supports, to natural, long-term, community-based support
 - Take ourselves out of our own siloes
 - Integrate the entire community into one system of care
- Move staff from clinic locations to community locations
 - Coaching services occurring in the community
 - Meeting the individual where they are at



Barriers & Challenges

- Reimbursement change is probably the easiest way to effectuate changing your model. Moving from acute model which is how we have been traditionally trained to a recovery oriented and client centered is very challenging.
- Challenges with organizational bureaucracy: you must have a change leader that is willing to address and a CEO who is embracing this major philosophical change. There will be resistance at all levels (hiring individuals with criminal backgrounds) both internal and external to the organization.
- Have to have a workforce that is knowledgeable enough to implement and support this new model (and often work against others who are resistant or do not understand the need for change).



Recovery Coaching Philosophy

- Recovery should be client driven
- Partners with & consultants to the clients
- Clients' strengths & capacities are developed & enhanced
- Clients' can grow & prosper if given access & control over resources necessary for them to thrive in the community
- Services reflect a recovery view rather than a deficit or disease-based model
- Harms Reduction works. Meet clients in the stage of change they are in
- Relapse is a learning experience indicating the Recovery Plan needs modified
- There are multiple paths to recovery; support individuals' needs and goals

Goals of Recovery Coaching

- To encourage and support people with Mental Illness and/or substance use disorders in obtaining and sustaining recovery
- To increase community supports for people with Mental Illness and/or Substance Use Disorders
- The goal of recovery coaching is to help clients expand their recovery during and after treatment, helping to prevent relapse
- To assist clients with building Recovery Capital



Who Can Work with a Recovery Coach?

- Those who are covered under a grant that includes Recovery Coaching services or be an active Centerstone client
- Adults 18 years of age or older w/a level of need (LON) on ANSA 3, 4 or 5
- The client has a history of substance use disorder and/or mental illness
- Agree to participate in setting goals to increase recovery capital with coach
- Agree to work with probation, DCS, PCP, other health care providers, referral agencies, etc. and sign releases for coordination of care
- Must be willing to actively work with a recovery coach
- Agree to participate in assessment processes to monitor progress over time



What is Recovery Capital?

Recovery Capital (RC) is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe AOD problems
(Granfield & Cloud, 1999, Cloud & Granfield, 2004a)

1. Personal RC

- a. Physical: health, shelter, food, transportation, etc.
- b. Human: values, knowledge, credentials, education, problem solving, self-awareness, self-esteem, self-efficacy (ability to manage self in high risk situations)
hopefulness/optimism, purpose/meaning in life, interpersonal skills

2. Family/Social RC

- a. Family: encompasses intimate relationships; family and kinship relationships (defined here non-traditionally, i.e. family of choice); and social relationships that are supportive of recovery efforts
- b. Community: encompasses community attitudes/policies/resources related to addiction and recovery that promote the resolution of AOD problems

3. Cultural RC

- a. Cultural: constitutes the local availability of culturally-prescribed pathways of that resonate with particular individuals and families



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Building Recovery Capital

- Focusing on building the client's strengths, abilities, and resources
- Use non-confrontational approaches and work with clients at all stages of change.
- Help clients develop or repair relationships with supportive friends/family, creating and improving communication with significant others
- Help clients obtain employment goals, increase job skills, obtain safe housing, obtain educational goals, and meet financial goals
- Teach coping skills to manage stress, anxiety, depression, cravings, etc.
- Work with clients to increase the community supports required for successful recovery: family members and significant others are welcome to participate



Examples of Coaching Support

- Release planning with individuals while in jail, communicating with jail
- Released to a Recovery Coach, transportation to placement/treatment
- Assistance with immediate needs or items upon release
- On-going collaboration and swift communication with criminal justice and/or treatment provider
- Application and interview process for treatment and/or housing
- Helping clients apply for insurance, & benefits, assisting with locating food pantries
- Attending appointments with clients as they are comfortable, preparing & advocating
- Connecting them with bus passes, half-fare ID's, help in utilizing the bus system
- Life skills with planning and maintaining appointments, referring clients to appropriate agencies
- Advocating for the client with the court when, interventions before sanctions
- Working closely with family members, spouse, or closest support
- Facilitating curriculum one-on-one when beneficial
- Assistance obtaining ID's driver's licenses, and birth certificates



Opioid Crisis Response: Opiate Taskforce

- One of Centerstone's responses to the opioid crisis has been the formation of the Opiate Task Force
- This Task Force is comprised of medical and treatment providers within Centerstone
- The focus of the Task Force on providing best practices to individuals dealing with opiate addiction



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Opioid Taskforce & Treatment Goals

- Individuals receiving Medication Assisted Treatment (MAT) for opiates are from an approved referral source
- These individuals are integrated into our continuum of care with the focus on an individualized treatment component
- All individuals on Medication Assisted Treatment (through Centerstone or other providers) will be assigned a Recovery Coach
- Recovery Coach will be the point of contact for the MAT prescriber



Medication Assisted Addictions Treatment

Substance Abuse & Mental Health Administration (SAMHSA) website define it as the following:

- “Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication assisted treatment (MAT) is clinically driven with a focus on individualized patient care.”



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Medication Assisted Addictions Treatment

- As part of a comprehensive treatment program, **MAT** has been shown to:
- Improve survival
- Increase retention in treatment
- Decrease illicit opiate use
- Decrease hepatitis and HIV seroconversion
- Decrease criminal activities
- Increase employment
- Improve birth outcomes with perinatal addicts

Medication Assisted Addictions Treatment

- Final thoughts on MAT:
 - It's very important to know there are Federal Guidelines
 - Programs and doctors must meet certain criteria
 - Accreditation is the peer review process by which SAMHSA-approved accreditation bodies make site visits and review the policies, procedures, practices and patient services of an organization providing opioid treatment.
 - Accreditation assists OTPs in improving their quality of care. It emphasizes providing person-focused care, and an integrated and individualized approach to services and outcomes.
 - Treatment **MUST** be **COMPREHENSIVE** and is more than simply receiving medication!

Role of Recovery Coaches with MAT

- In addition to usual Recovery Coaching services, Coaches working with client's receiving MAT also do the following:
 - Report any prescriber non-compliance
 - Identify if MAT provider is on Centerstone's approved provider list
 - Monitors client compliance with prescriber
 - Serves as a liaison and advocate with MAT clients with the prescriber
 - Completes MAT monthly report



Effecting Change: Working Toward Community Buy In

- In convincing partners to work with us on this community-based, client-driven philosophy, we had to ask them to take a leap of faith.
- Support from key community stakeholders
 - Criminal Justice System
 - Probation, Problem Solving Courts, Parole
 - Department of Child Services
 - Local Healthcare System
 - 12-step community



Recovery Engagement Center

A Recovery Engagement Center (REC) offers a low-barrier point of entry into the Recovery Community and involves recovery coaches, peer specialists, and volunteers. A community center for someone who is seeking recovery. Intended to be a walk-in center, in the community, that is warm, welcoming and non-threatening.



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What partners should you consider?

- First consider: what are your most pressing community/ agency needs?
- Who in this community has resources/ a vested interest/ expertise?



How do you choose a partner?

- Identify a common problem
- Identify a common clientele
- Identify a common passion
- Identify a common vision



Who are your partners?

- Criminal Justice (Probation, Community Corrections, Parole, Judges, Prosecutors, Problem Solving Courts, etc).
- Treatment providers and other community agencies
- Child Welfare
- Vocational providers
- Funders (DMHA, DOC, local government)
- Other community partners like churches, advocacy groups (NAMI) support groups (AA, NA)



How do you ensure you are a good partner?

- Must have a willingness to build/invest in a strong relationship. Just as we would our clients
- Trust on both ends. Connection vs. Partner
- Respect (must understand the other's perspective regardless if we are in agreement)
- Flexibility (willing to let go)



Continuity of Care

Traditional System

- Focus on **action stage of change**
- Progress through service continuum in linear manner
- Serial episodes of disconnected care
- Client is blamed/discharged for relapse
- Limited aftercare
- Pain based motivation

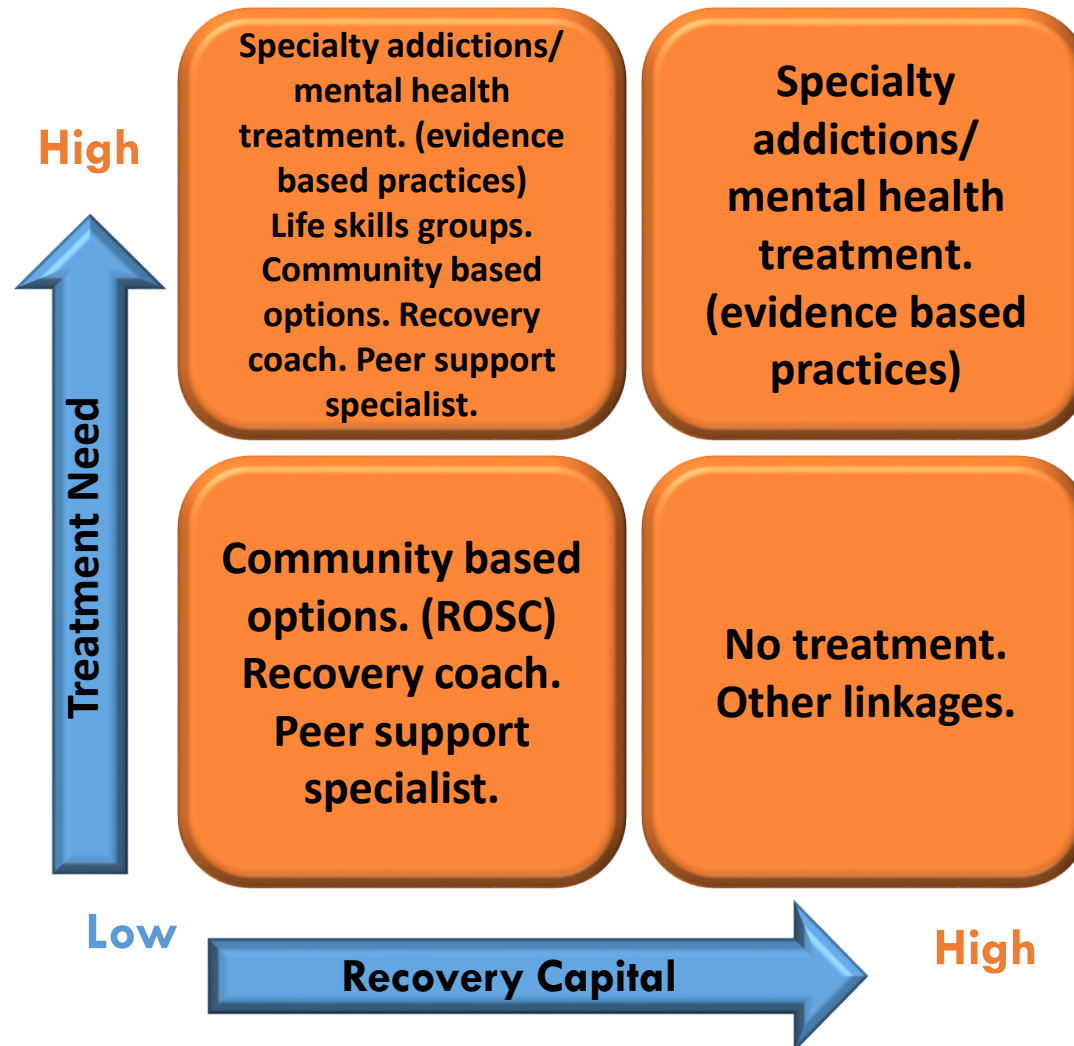
ROSC

- Focus on **pre-action stages of change**
- Clients work with team to meet needs and preferences
- Continuity of healing relationships across episodes, programs, and agencies
- Responsibility is placed on the service milieu
- Continued support and early re-engagement
- Hope based motivation



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Treatment Model



REC 3D

There are 3 Distinct Dimensions to the Recovery Engagement Center in Bloomington:

- 1) Recovery Engagement Housing Program
 - 2) Recovery Engagement Center Community Center and Volunteer Program
 - 3) Recovery Coaching Program
- Like any Triad, without all 3 vital programs, the integrity is compromised

Recovery Housing Program

- Pilot With Problem Solving Courts
 - 6 weeks to 90 days
 - Based on a brief intensive model
 - Low barrier
 - Recovery Capital Driven
 - Recovery Works component



REC Volunteer Program

- Trained individuals from the community
- Bring recovery to people in a unique way
- No power differential
- Essential in binding people in need to the community
- No Centerstone name at REC yet is a Centerstone Program.
 - Why?
- Volunteer training
- Volunteer coordination
- Community events
 - Nope Vigil
 - Recovery Fest Picnic
 - REC Holiday Party

How to Fund a REC

The Recovery Engagement Center is funded through

- Life Skills Training through Recover Coaching/
Medicaid/DCS/positioned for Health Care Reform
- Transitional Housing Rent
- Addictions Block Grant Funds
- Grants
- Great opportunity for donations and private funding
- Recovery Works



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Recovery Engagement Center

Bloomington's Recovery Engagement Center accomplished the following milestone in less than one year:

- Established a holistic option of life skills training
- Established a monthly volunteer training
- Operated with consistent volunteers
- Multiple Awards
- Community Garden
- Has had over 5,000 participants annually
- Hosted multiple community events including:
 - NOPE, Health Fair, Spoken Word, Recovery Fest
- Established a 90 day transitional living program
- Partnership with community agencies
 - Positive Link



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